

If you have questions about this form, contact S-2, Physical Security, Mail Stop K560, 5-7281

<b>To</b> Division/Group being visited: _____ Fax: _____ Mail Stop _____	<b>From:</b> Name of Requester (Last, First)		Requester's Phone
	Group	Return Form to FAX Number	Mail Stop

<b>Visit Dates</b>	Dates of proposed visit (90 days maximum) mm/dd/yy	Start	End
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### Part I

A. Uncleared Individuals (Use page 2 for additional visitors.) **Unbadged visitors must present valid picture ID.**

**Note:** An individual whose clearance has been suspended, denied, or revoked cannot be escorted.

Name(s) (Last, First)	Z # or Social Security Number	Organization	<u>Country of Citizenship</u>

### B. Locations To Be Visited

<u>Station(s)</u>	Technical Area(s)	Building(s)	Includes Room(s) and Adjacent Hallways and Lavatories

C. Escorts listed below and members of the Protective Force are the only people authorized to escort visitor(s) listed in A above. Escorts must be fully aware of their responsibilities to prevent access in any manner to classified material or diversion of SNM and to ensure that prohibited or controlled articles are not brought into security areas. (Use page 2 for additional escorts.)

Names of Escorts (Last, First)	Escort Z #	Group	Names of Escorts (Last, First)	Escort Z #	Group

### D. Visit Information

Purpose (be specific)
Check the type of security interest in the buildings to be visited. <input type="checkbox"/> Classified Documents <input type="checkbox"/> Classified Material <input type="checkbox"/> Unclassified SNM <input type="checkbox"/> N/A
Does this visit involve access to areas under the jurisdiction of others? <input type="radio"/> NO <input type="radio"/> YES If YES, ensure coordination with owning organization and have organization sign as "approval" authority below.

**Part II** I certify that the visit is required for official purposes, is necessary to the performance of Laboratory programs and that the visit will be accomplished without unauthorized access and that the form is true and correct. (This request requires official approval. The following may be considered official approval: Group Leader or above signature.)

Printed name (last, first) and title of <b>requesting</b> official	Signature	Phone	Group	Date
Printed name (last, first) and title of <b>approving</b> official	Signature	Phone	Group	Date

Copies to: 1. Requesting organization file    3. S-2, Physical Security, Mail Stop K560, FAX 7-3388  
 2. Authorizing organization file

## Continuation Page

**Visit Dates:**            Start: \_\_\_\_\_ End: \_\_\_\_\_

### A. Additional Uncleared Individuals

Name(s) (Last, First)	Z # or Social Security Number	Organization	<u>Country of Citizenship</u>

### B. Locations To Be Visited (Same as page 1)

Station(s)	Technical Area(s)	Building(s)	Includes Room(s) and Adjacent Hallways and Lavatories

### C. Additional Escorts

Names of Escorts (Last, First)	Escort Z #	Group	Names of Escorts (Last, First)	Escort Z #	Group

(Signatures required on page 1 and below if continuation page is used.)

<b>Part II</b> I certify that the visit is required for official purposes, is necessary to the performance of Laboratory programs and that the visit will be accomplished without unauthorized access and that the form is true and correct. (This request requires official approval. The following may be considered official approval: Group Leader or above signature.)				
Printed name (last, first) and title of <b>requesting</b> official _____	Signature _____	Phone _____	Group _____	Date _____
Printed name (last, first) and title of <b>approving</b> official _____	Signature _____	Phone _____	Group _____	Date _____